

Entered - 07/21/99 - sb
CL99L0451 - DIANNE C. MITCHELL

CLAIM OF: ALLSTATE INSURANCE COMPANY
AS SUBROGEE OF KENDRA AND
HOWARD HENSLEY,
through their attorney,
Mary A. Miller
55 Oakbrook Parkway
Norcross, Georgia 30093

For damages alleged to have been sustained as a result of a
vehicular accident on June 9, 1999 at 34 A Sydney Marcus
Boulevard, NE.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell by RWG/DCA
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0451

Date: November 13, 2000

Claimant /Victim Allstate Insurance Companies as Subrogee of Kendra and Howard Hensley

BY: (Atty) Mary A. Miller

Address: 55 Oakbrook Parkway, Norcross, Georgia 30093

Subrogation: X Claim for Property damage \$ 2,019.98 Bodily Injury \$

Date of Notice: 07/12/99 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/09/99 Place: 34 A Sydney Marcus Boulevard, NE

Department Public Works Division: Sewer Operations

Employee involved Eugene Morris Disciplinary Action: Pending

NATURE OF CLAIM: The driver of the City vehicle backed into the claimants' parked vehicle causing damages in the above amount. However, the claimants have rejected the City's settlement offer.

INVESTIGATION:

Statements: City employee X Claimant Others Written Oral X

Pictures Diagrams Reports: Police X Dept Report X Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

Improper Notice More than Six Months Other Damages reasonable

City not involved Offer rejected X Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager:  Concur/date 11-24-00

Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7/1/99

ENTERED - 7-21-99 - SB
99L0451 - DOBBS JORDAN

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2019.98 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 6/9/99 (month/day/year) 2. Time of Incident: 12:28 PM 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): 34A Sydney Marcus Blvd.
5. Name of your insurance company: Allstate Policy No. 645 035240 02/21
6. State what and how incident occurred: I was walking out of KFC when Mr. Morris backed into my parked truck. The impact set my anti-theft alarm off and gas was pouring from my rear gas tank. He and his passenger found the accident amusing - I did not.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: Ford Crew Cab dually 1994 3910 RT Howard Hensley
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: Chevrolet 1500 Eugene Morris Water & Sewer
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Greg Hensley 1542 Tanglewood Way Conyers, Ga 30012 770-760-7523
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Howard V. Hensley
(Print Claimant's Name)

1375 Country Ln. Dr.
(Address)

Conyers, Ga 30012
(City, State and Zip Code)

770-712-9881 770-760-9880
(Work Number) (Home Number)

760-7523

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